## INFORMATION DISCLOSURE STATEMENT

**Applicant** 

LEE, Won-Mok

App. No.

Unknown

Filed

Herewith

For

MICROCAPSULE CONTAINING PHASE-

CHANGE MATERIAL AND

**NUCLEATING AGENT** 

Examiner

Unknown

Group Art Unit

Unknown

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing references that are also enclosed. This Information Disclosure Statement is being filed within three months of the filing date of this application or upon filing if this is a CPA or RCE, and no fee is required in accordance with 37 C.F.R. § 1.97(b)(1), (b)(2), or (b)(4).

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 7/11/03

By:

Mincheol Kim

Registration No. 51,306

Agent of Record

Customer No. 20,995

(619) 235-8550

FORM	PTO-1449
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

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APPLICATION NO. Unknown

## INFORMATION DISCLOSURE STATEMENT

BY APPLICANT

APPLICANT LEE, Won-Mok

(USE SEVERAL SHEETS IF NECESSARY)

FILING DATE Herewith

GROUP Unknown

	U.S. PATENT DOCUMENTS						
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
	1.	4,513,053	04/23/85	Chen, et al.			
	2.	4,990,392	02/05/91	Groshens, et al			
	3.	4,994,317	02/19/91	Dugan, et al.			
	4.	5,224,356	07/06/93	Colvin, et al.			
	5.	5,290,904	03/01/94	Colvin, et al.			
	6.	5,366,801	11/22/94	Bryant, et al.			
	7.	5,637,389	06/10/97	Colvin, et al.			
	8.	5,804,297	09/08/98	Colvin, et al.			
	9.	5,955,188	09/21/99	pushaw			

	FOREIGN PATENT DOCUMENTS							
EXAMINER		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
INITIAL							YES	NO
	10.	JP9-31451	02/04/97	JAPAN			Abstract Only	
-								

EXAMINER INITIAL	OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

S:\DOCS\MCK\MCK-7577.DOC 071103

EXAMINER

DATE CONSIDERED

\*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.